HOUSE RESEARCH =

Bill Summary =

FILE NUMBER: H.F. 1988 DATE: April 30, 2009

Version: Second engrossment

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Subject: Information on Provider Reimbursement Rates

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Section

Reporting provider payment rates. Amends § 256b.69, subd. 9b. The amendment to paragraph (a) requires the commissioner to also consult with health care providers, when developing guidelines for the reporting of provider reimbursement information. Also makes a conforming change.

A new paragraph (b) requires each managed care and county-based purchasing plan to annually provide to the commissioner:

- (1) the amount of payment made to the plan under this section that is paid to health care providers;
- (2) aggregate provider payment data, by inpatient and outpatient payments, with outpatient payments categorized by payments to primary care and non-primary care providers;
- (3) the process by which increases or decreases in payments to the plan are passed on to providers, categorized by payments to primary care and non-primary care providers; and
- (4) information on the methodology used to establish provider reimbursement rates paid by the plan.

States that the data provided must allow the commissioner to conduct required analyses.

A new paragraph (d) requires the commissioner to analyze the data to assist the legislature in providing oversight and accountability. Requires the analysis to include specified payment information. Requires the commissioner to array aggregate provider rates by health plan, by primary care and non-primary care categories. Requires the commissioner to report this information annually to the legislature, beginning December 15, 2010. Requires the commissioner to make this information available on the agency's web site.